

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10295326**
APPLICANT(S)

FILING DATE **03-12-09**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4						
5						
6		2				
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50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

	IND		DEP		IND		DEP		IND		DEP	
51												
52												
53												
54												
55												
56												
57												
58			2									
59			2									
60			0									
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67	1											
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